Government of
Saskatchewan

Annual Report
1996-1997

Saskatchewan
Health

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Letters of Transmittal

To His Honour
The Honourable Jack Wiebe
Lieutenant-Governor of Saskatchewan

May It Please Your Honour:

I respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 1997.

In presenting this document, I salute the many skilled and caring individuals across our province who are working to ensure the health and well-being of all Saskatchewan residents.

Respectfully submitted,

The Honourable Clay Serby
Minister of Health

To The Honourable Clay Serby
Minister of Health

Dear Mr. Serby:

On behalf of department staff, I am pleased to present the annual report of Saskatchewan Health for your consideration. In accordance with The Department of Health Act, The Prescription Drugs Act, The Saskatchewan Medical Care Insurance Act, and The Vital Statistics Act, this report covers the activities of the department for the fiscal year ending March 31, 1997.

I congratulate all Saskatchewan Health staff for their continued dedication and commitment to ensuring a quality health system in our province.

Respectfully submitted,

Con Hnatiuk
Deputy Minister

The Mandate of Saskatchewan Health

Saskatchewan Health's goal is to improve the health, in its broadest context, of both individuals and society within a financially sustainable framework, and:

- To provide leadership in defining and implementing a vision for health and a framework for the health system.
- To assess, promote and protect the health of the Saskatchewan population.
- To ensure provision of essential and appropriate services to Saskatchewan residents.

Delivering
Saskatchewan's Health Services

An Evolution

Saskatchewan has earned its global reputation as an innovator in the provision of quality health services. Our province is the home of medicare, a concept so fundamental to our society that all of Canada followed our lead.

Now, Saskatchewan shows its leadership once again in health service innovation. Our cultural, social and economic environments demand a re-examination of the entire health system. The province has taken this initiative even further to examine the entire concept of health. From this start, with the valuable input of Saskatchewan's many health providers, interest and stakeholder groups, and Saskatchewan residents, Saskatchewan Health has developed a model of health service that again leads the way in Canada, and indeed in many other parts of the world as well.

This fundamental change in our health service model has had a profound effect on health delivery across the province. This report examines many of those changes and their results. But those examining the new system will find the positive aspects of the traditional model are still available to us. For example, the providers and support workers delivering our health services – the doctors, nurses, specialists, home care workers and support workers to name but a few – remain the foundation of our system. They are part of our communities and of our Saskatchewan identity, as they have been throughout our history.

Saskatchewan residents have a health system that:

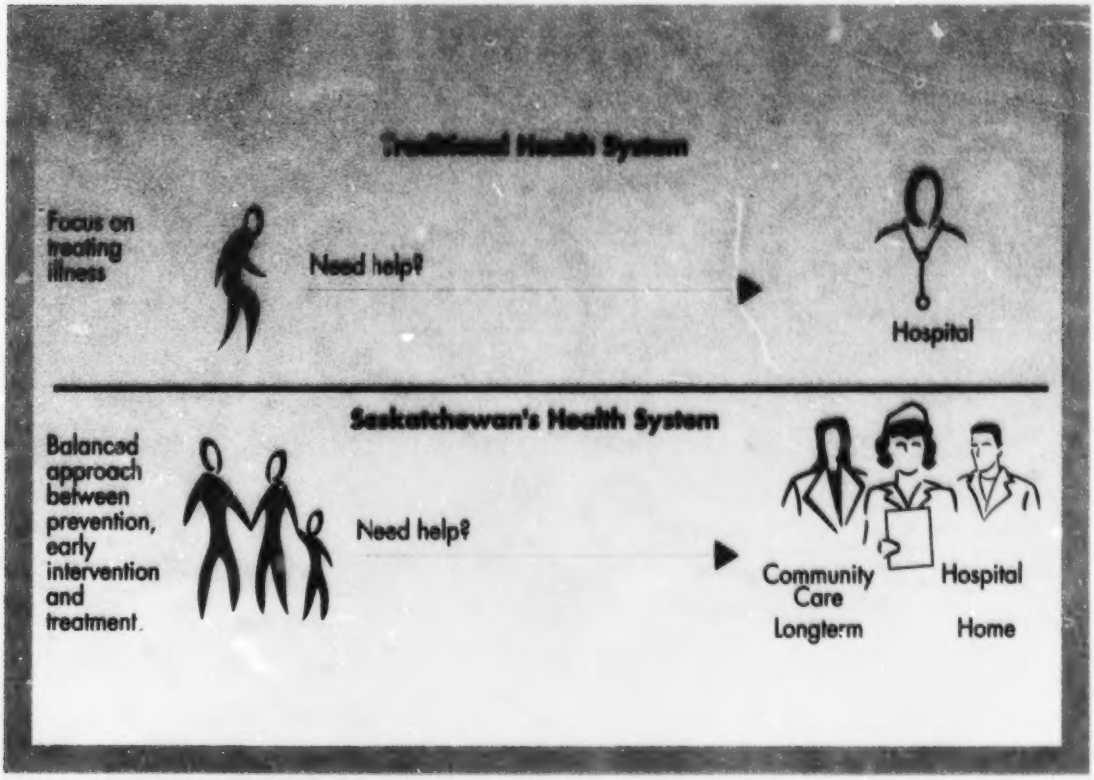
- allocates most of its budget to hospital services;
- first helps the individual live a healthy lifestyle (a wellness model);
- shares responsibility for health between the individual and the health system;
- identifies and delivers health services specific to the needs of residents in each health district;

- gives those in need of care an option appropriate to his or her unique circumstances;
- is sustainable over the long term, so our children and their children can expect the same quality health service we access today.

The Structure of the Health System

Saskatchewan Health plays a vital role in working with the province's 30 health districts to ensure quality health services are available throughout our province. The department bases its work on the following key roles:

- Saskatchewan Health offers **leadership** to the health districts and other groups through initiatives including: working collaboratively to improve the health status of the population; establishing a management and regulatory framework for the health system; advocating the development and implementation of healthy public policy; and ensuring overall financial and service accountability.
- **Assessing, promoting and protecting** the health of Saskatchewan residents through programs and services including: health education, monitoring and evaluating health status, analyzing health trends and identifying determinants of and risks to population health; and evolving, implementing and monitoring guidelines and standards to protect the public from health risks.
- Responsibility for **province-wide programs and services** such as the Prescription Drug Plan, Saskatchewan Aids to Independent Living (SAIL), the Provincial Laboratory, coverage for medical services, supplementary health benefits and vital statistics.



Within this framework, Saskatchewan's health districts are responsible for assessing the health needs of their residents and delivering the required health services. Because these services are now delivered through the health district system, they are specific and unique to each district and reflect the needs of residents more than ever before. Major services for which health districts are responsible include:

- hospitals/acute care/emergency services;
- nursing homes/supportive care services (long-term care, day programs, respite care, palliative care, programs for the multiply-handicapped);
- community health centres
- home care services;
  and
- public health services

Saskatchewan Health recognizes the importance of ongoing and continuous communications with the district health boards, and between the district health boards and their management staff. In 1996-97, to facilitate communication and understanding, Saskatchewan Health:

- provided timely advice and guidance to districts to help them make decisions in accordance with the vision of health renewal;
- assisted and encouraged 30 district health boards to sign service agreements, which outline the responsibilities and obligations of the Minister and district health boards;
- played a major role in helping districts and affiliates work together to complete operating agreements, which meet the requirements of *The Health Districts Act*. The operating agreements clarify the accountability, expectations and obligations of district health boards and affiliates;
- worked with district health boards and management staff to develop and review health plans which outline major operational issues and goals;
- co-ordinated the development of a health information management policy for Saskatchewan Health and consulted with district health boards on privacy issues relating to the management of personal health information;
- developed *The Health Districts Act* amendments, designed to improve the integration of health facilities within health districts;
- engaged in ongoing discussions with First Nations and the Metis concerning their participation in health renewal. Specific goals include the development of bilateral agreements for the integrated delivery of health services, the creation of northern health districts and the construction of jointly governed health facilities;
  and
- developed legislation to increase accountability and flexibility in the services provided by health professionals. Dental therapists and hygienists, and occupational therapists began working under new amendments and regulations in 1996-97.

One of the goals of Saskatchewan Health is to develop and maintain strong working relationships with the federal government and other provinces and territories, in order to address federal-provincial health issues such as health reform, human resources, population health research and information, and First Nations, Metis and Inuit health services. In 1996-97, Saskatchewan Health advanced intergovernmental relations by:

- providing policy support, research and analysis to various interprovincial and federal-provincial forums that addressed fiscal relations and interpretations of the *Canada Health Act*;
- providing informational support for, and co-hosting, visiting representatives from the governments of Taiwan and the Ukraine.

In addition, Saskatchewan Health:

- contributed research and information to federal-provincial working groups under The Advisory Committee on Population Health, The Advisory Committee on Health Human Resources, and The Advisory Committee on Health Services.
- formed a Working Committee on a Saskatchewan Perinatal Database in January, 1997, with the goal of improving the health of mothers and newborns. The committee has developed variables and indicators to measure perinatal health.
- provided standard computer software to health services areas and 40 travel centres in the province since March, 1997. All health districts, including the Northern Inter-Tribal Health Authority and the North Health Services Branch, can access this software, offering uniform and reliable health information to overseas travellers.
- facilitates collaborative external-contract research projects that use Saskatchewan administrative health services databases. Outside users pay a charge for access to this valuable information, generating more than $600,000 a year in revenue.

The Saskatchewan Health Vision

Saskatchewan's health system is based on five key principles, which guide and motivate Saskatchewan Health:

1. Increase community involvement in the health system.
2. Emphasize disease and injury prevention, healthy lifestyle and population health.
3. Improve the balance between institutions, services and home or community-based programs, to provide the right service at the right time in the right place – as close to home as possible.
4. Coordinate and integrate health services for a more responsive, efficient, client-centred system.
5. Ensure a financially sustainable, publicly funded health system.

Saskatchewan Health has achieved a great deal over the past several years. The following successes highlight the achievements of our guiding principles:

1. **Increasing community involvement** has resulted in:
   - more than 400 single-function boards being replaced by 30 locally selected district health boards;
   - district health boards that are providing the vehicle for integrated client-centred services;

- consumers who have more input through the first ever province-wide elected health boards in Canada, public meetings, open board meetings and other public involvement activities;
- health service funding that is allocated based on characteristics of the district population which indicate need and where people choose to receive services;
- women and visible minorities being better represented on district health boards than in previous systems.

2. **Focusing on wellness, health promotion and population health** has achieved:
   - new initiatives in injury and illness prevention and health promotion, leading to more informed lifestyle choices;
   - the use of health initiatives funding for innovative programs and to support health projects in partnership with community organizations;
   - the expansion of parenting programs, youth suicide prevention efforts and other initiatives to foster healthy children and families;
   - the education of people with chronic diseases such as arthritis, asthma and diabetes, on how to manage their conditions so that problems flare up less often;
   - publication in both the United Nations Development Index (1995) and the national *Report on the Health* of Canadians indicating that:
     - Saskatchewan ranks first among the provinces and territories based on life expectancy in general,
     - life expectancy for Saskatchewan women is the highest in Canada,
     - Saskatchewan has the best, or lowest, "potential years of life lost" (measuring all causes of death prior to age 75) in Canada,
     - has the highest literacy rate in Canada.

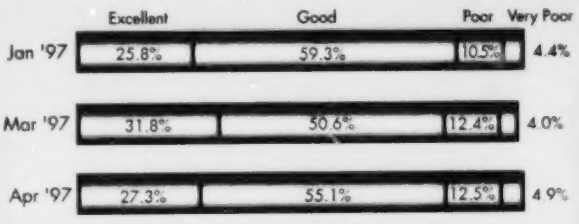
3. **Balancing institutional and community-based services** has seen:
   - the number of clients served by home care increase by 45 per cent;
   - palliative care services increase by 130 per cent, serving 39 per cent more palliative care clients at home;
   - family care givers getting relief through almost double the number of respite beds in institutional care facilities;
   - the development of a supportive housing option through the creation of 1,787 personal care home spaces in 240 homes;
   - additional community options, such as an expansion in home care services, providing alternatives to nursing home placement which has resulted in the reduction of Saskatchewan's nursing home bed ratio from 158 beds to 133 beds per thousand people over 75 years;
   - a reduction of time people spend in the hospital:
     - stays have been reduced by a total of 505,000 patient days since 1991-1992;
     - new procedures and techniques are less invasive, with less risk and discomfort; outpatient services and same day admissions for surgery and diagnostics

have shortened hospital stays;

- procedures in high demand, such as cataract surgery, hip and knee replacements and coronary bypass increase 81, 30 and 13 per cent respectively since 1991-1992;
- the re-admission rate for people treated in hospitals decrease slightly, indicating that quality of care is being maintained;
- physician services remain relatively stable;
- job gains in community programs that have made up for most of the jobs lost in the acute care sector.

4. **Focusing on co-ordinated, integrated and client-centred services** has helped:
   - each health district designate a District Quality of Care Co-ordinator to assist clients and families with concerns about health services, inform clients about their rights and options and identify trends and opportunities to improve the delivery of health services;
   - districts set up single-entry systems for services such as emergency response and long term care assessment;
   - all districts have access to mental health, public health and addiction services;
   - the conversion of 53 small hospitals to health centres since health reform – this number excludes pre-reform conversions;
   - advanced clinical nurses establish primary care projects in small rural centres;
   - approximately 1,200 First Responders get training and start working in co-operation with air and road ambulance to enhance emergency response.
5. **A financially sustainable health system** has:
   - helped the province avoid tax increases, health premiums or user fees;
   - kept health spending at an adequate level, adding resources to replace the entire amount of federal funding reductions;
   - achieved financial savings (a cumulative savings total of $1.67 billion from 1991-92 through 1996-97) through a reduced trend in health costs compared with 13-per-cent annual increases in the 1980s;
   - introduced seven alternate physician payment pilots, involving 25 family physicians and serving 32,000 residents;
   - increased administrative efficiencies due to the creation of the integrated district health board structure.

To remain responsive to the needs of Saskatchewan residents, Saskatchewan Health's system is always evolving. Our accomplishments in 1996-97 moved us along the road – but we must continue to develop and change to better serve the people of Saskatchewan.



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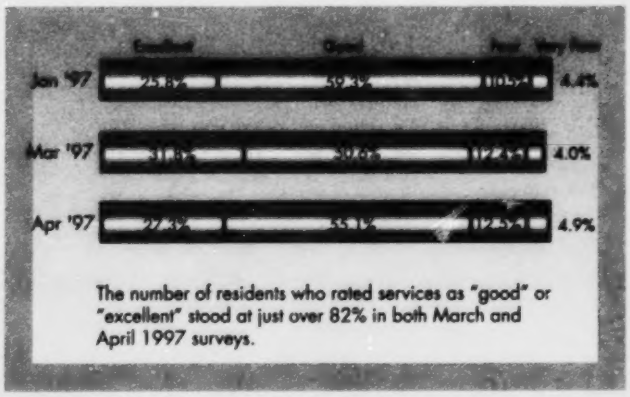

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Key Principles

Saskatchewan Health adopted five key principles to drive our efforts and determine our activities.

This annual report presents our activities and accomplishments for 1996-97,

to show how each principle was put into action and what was achieved.

Principle One:

Increase community involvement in the health system.

We want communities and individuals to be involved in and to understand the health system, so it better serves them.

Saskatchewan Health assists health district boards in the planning, delivery and evaluation of related services by providing leadership, structure, administrative assistance and the financial framework within which the districts operate. Saskatchewan's 30 health districts are responsible for assessing the needs of residents and delivering the required services. In 1996-97, much was accomplished to increase community involvement in the health system, including:

- establishment of a working group by Saskatchewan Health to develop a database that will help identify, analyze and track client concerns about the delivery of health services on a local and provincial level, helping priorize and address those concerns; and
- development of a Community Services Group through which district community services managers and Saskatchewan Health staff get together to discuss common issues and make recommendations, all in an effort to improve health care.

Another example of community involvement in the health system is the Saskatchewan Mental Health Advisory Council. The Council advises the Minister and senior officials in Saskatchewan Health on policies, programs, priorities, and resources aimed at meeting the mental health needs.

- In 1996, the Council published *A Guide to Promote Community Involvement in Mental Health Planning*. More than 250 copies of this document were distributed to community organizations. This document is also used

in education curriculum for health care professionals and community organizations.

As communities assume greater responsibility and involvement in their health care system, access to current information becomes essential. The Saskatchewan Health Resource Centre provides access to many sources of information and helps district staff and individuals search for relevant data.

Individuals are assuming greater responsibility for their own health, increasing their need for information.

- During 1996-97, the Resource Centre responded to 4,300 requests for information, an increase of 1,000 over 1995-96 and an increase of 1,400 over 1994-95. In response, 8,733 documents were provided from the in-house collection.

Special differences in northern Saskatchewan require unique methods of health promotion for residents. The Community Health Educator program provides health promotion programming to residents of northern communities in a culturally relevant manner. The Community Health Educator provides services such as visiting homes; offering one-on-one health teaching; assisting with screening programs and immunization programs; assisting with dental health programs; assisting with water testing programs; and providing liaison services for health professionals and community members. This function sometimes requires translation services. Funding has been provided to 17 municipal councils to hire a Community Health Educator.

Principle Two:

Emphasize disease and injury prevention, healthy lifestyles and population health.

This principle focuses on achieving wellness, before a person becomes sick. The establishment of preventive measures, the promotion of healthy lifestyles, and the advancement of population health in general are vital to Saskatchewan Health and this province.

Healthy Lifestyles

Gambling is a form of entertainment, but it can also be an addiction that leads to an unhealthy lifestyle. The 1-800 Problem Gambling Help Line shows an increase in use over the past three years.

	1994-95	1995-96	1996-97
Gamblers	992	1367	1445
Family/Friends	388	444	508
Other *	321	224	1175
Total	1701	2035	3128

* Includes wrong numbers, requests for information on gaming venues, winning lottery number callers, crank callers, etc.

In 1996-97, Saskatchewan Health developed problem gambling training modules for the gaming industry. The training modules provide gaming industry owners, operators, and staff with an overview of problem gambling issues, and outline ways to help people with gambling problems. This program is the first comprehensive problem gambling training package developed in Canada, and has attracted national and international acclaim.

[redacted] *

1994-95	1995-96	1996-97
206	413	521
	increase of 100.5%	increase of 26.2%

* includes family members

Saskatchewan Health has established 60 classroom hours of clinical training as the minimum competency standard required for health district problem gambling counsellors. In 1996-97, 22 health counsellors received training on problem gambling. They came from health districts, the Federation of Saskatchewan Indian Nations, and Mobile Crisis centres, and assist and educate problem gamblers.

Impaired driving is a province-wide concern. Saskatchewan Health, Saskatchewan Government Insurance (SGI) and the health districts are working together to reduce the incidence of impaired driving.

- New legislation implemented in August 1996, requires people convicted of impaired driving to report to district alcohol and drug services for addictions screening as part of their license reinstatement.
- Saskatchewan Health and SGI jointly initiated the Provincial Safe Driving Program (Blood Alcohol Content 0.04) on August 1, 1996.
- Saskatchewan Health delivered training to more than 80 addictions counsellors in 1996-97, so this valuable program can be properly administered.
- SGI provided health districts and Northern Health Services with $823,014 to provide screening and treatment services for impaired drivers during the year.

1,542 impaired drivers appeared for addictions screening from August, 1996 to March, 1997. Of these, approximately 68% were referred to the Driving Without Impairment (DWI) program and 32% were referred to clinical services for addictions treatment.

Saskatchewan Health's education efforts in the north are focused on improving nutrition and the high incidence of accidental death and injury, tooth

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1-800 Problem Gambling Help Line - Caller Profile:

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decay, substance abuse and diseases such as diabetes, heart disease and some cancers. The Body Walk Health Fair, aimed primarily at children and youth, offers a hands-on approach to health issues in the north.

- In 1996-97, the fair was presented in nine northern schools, with more than 2,000 students participating. Teachers indicated that children learned from taking part in the health fair.

Print and audio visual resources that address a variety of health issues were provided to Saskatchewan Health staff serving in the north, teachers, community agencies and members of the public. Resources that are culturally relevant to northern residents are used whenever possible.

A working committee was also established to develop priorities and objectives associated with Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE). To develop community awareness of the syndrome and its impact on health in northern communities, FAS/FAE education and awareness was the designated major theme of the 1997 Drug Awareness Week.

In 1996-97, Saskatchewan Health awarded Provincial Wellness Grants totalling $187,000 to 28 non-profit organizations in Saskatchewan. The grants, for up to $10,000 each, are provided for projects that address the various factors influencing health. Projects that involve non-traditional working partners, involve district health boards as working partners, respond to an identified need, and have a provincial focus are given priority.

This year, the Provincial Wellness Grant Program asked applicants to submit projects addressing the factors that determine health and reflect the new priorities of the health system. Most projects in 1996-97 focused on health promotion and personal choices.

Some of the Provincial Wellness Grants awarded in 1996-97 include:

- Saskatchewan Wheelchair Sports Association, for an event featuring leisure opportunities and adaptive equipment available for people with disabilities and seniors, to promote their physical, mental and creative well-being;
- Aboriginal Friendship Centres of Saskatchewan, for a conference aimed at preventing Aboriginal young people from starting the habit of solvent abuse;
- Saskatchewan Deaf and Hard of Hearing Services Incorporated, to facilitate development of support groups and services for people in rural communities;

Population Health

The Public Health Act, along with six regulations (Communicable Disease Control, Public Health Officers, Forms, Public Accommodation, Plumbing and Drainage, and Milk Pasteurization) were proclaimed January 1, 1997. The Act and regulations update and strengthen health protection and disease prevention requirements, and provide the necessary authority for health districts to administer these requirements.

Bringing Services Closer to Home

In 1996-97, several initiatives were undertaken to bring services closer to home, providing better service for clients and their families.

- Extracorporeal Shock Wave Lithotripsy (ESWL) services (a non-invasive process for the removal of kidney stones) were established in Saskatoon. Patients no longer have to travel out of province for ESWL which is performed on an out-patient basis, does not involve incisions and has a brief recovery time.
- Approval was given to the Prince Albert Health District to establish Computed Tomography (CT) services, after review by the Technology Advisory Committee. CT scanning is a diagnostic imaging technology used for detecting disease in soft body tissues. The availability of this service in Prince Albert will benefit patients from several districts in the northern part of the province.
- A review was initiated to access the potential for expanding renal dialysis services to other locations in the province.
- A Working Group on Physician Need (WGPN) was formed to make recommendations for the establishment of speciality physician services outside Regina and Saskatoon. This group is composed of representatives from the Saskatchewan Medical Association, the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Association of Health Organizations, the Professional Association of Interns and Residents, and Saskatchewan Health.
- Some health districts implemented critical incident stress management projects which offer support, debriefing and referrals to individuals, service providers and communities exposed to crises or tragic events.
- The Saskatchewan Cancer Foundation, together with four health districts, piloted a program that allows patients to receive chemotherapy closer to home, while maintaining a vital link to expertise at the cancer centres.

Good News About the State of Acute Care in Saskatchewan

The use of acute care services is continually monitored and reviewed to ensure that Saskatchewan residents always have good access to quality hospital services. Results indicate that:

- **Increased day surgery, same-day admission for surgery and diagnostics, and more outpatient services result in shorter hospital stays.**
- **People are spending less time in hospitals. Hospital in-patient days decreased by 505,000 (the equivalent of 1,628 beds) from 1991-92 to 1996-97.**
- **The number of surgeries performed has remained stable from 1991-92 to 1996-97.**
- **Procedures in high demand have increased since 1991-92:**
  - **cataract surgery by 81 per cent;**
  - **hip and knee replacements by 30 per cent;**
  - **coronary bypass surgery by 13 per cent; and**
  - **angioplasty by 109 per cent.**

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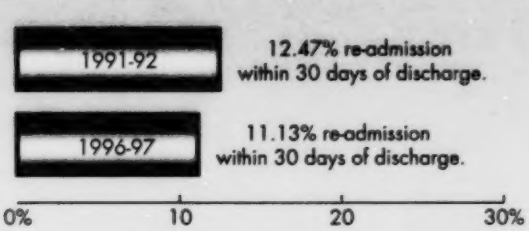


Re-admission rates to hospital, often used to measure whether patients are being discharged too soon, have actually decreased slightly since 1991-92. In 1991-92, 12.47 per cent of patients were admitted to hospital within 30 days of discharge, compared with 11.13 per cent in 1996-97.

A high quality of care is being maintained:

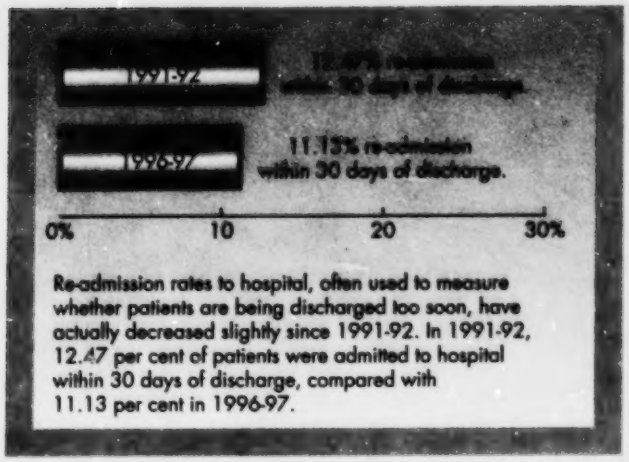
- Many residents are finding that community health centres offer better services than the hospitals they replaced. Most health centres offer illness prevention and health promotion services, health assessment and service co-ordination, outpatient treatment, basic diagnostic services and 24-hour nursing coverage.
- Increased numbers of communities are served by volunteers trained as emergency health-care providers through the First Responder initiative.
- Improvements to the provincial ambulance services database allow Saskatchewan Health, the health districts and ambulance services to improve decision-making and provide better emergency medical services.

Access to needed emergency services is also being maintained:

- In 1996-97, there were 108 ambulance services and nearly 3,200 pre-hospital emergency service providers. Almost 74,500 ambulance calls were made during the year.
- The Saskatchewan Air Ambulance Program service for residents of rural and northern areas improved as a result of the replacement of an older non-pressurized airplane with a pressurized aircraft. Now both of the program's two aircraft are pressurized and equipped with state-of-the-art medical equipment, enabling them to safely transport critically ill people. The program is administered jointly by the Saskatchewan Health and Saskatchewan Property Management Corporation, and is based out of the Saskatoon airport. Nursing attendants are provided by the Saskatoon District Health Board and St. Paul's Hospital.

About 70 per cent of people in the 30 health districts have a travel time of less than ten minutes to a hospital, while fewer than three per cent have to travel more than 40 minutes to reach a hospital.

- The Medical Transportation Program in northern Saskatchewan provided increased medical trips by ground and air by improving coordination with the Medical Services Branch



Re-admission rates to hospital, often used to measure whether patients are being discharged too soon, have actually decreased slightly since 1991-92. In 1991-92, 12.47 per cent of patients were admitted to hospital within 30 days of discharge, compared with 11.13 per cent in 1996-97.

A high quality of care is being maintained:

- Many residents are finding that community health centres offer better services than the hospitals they replaced. Most health centres offer illness prevention and health promotion services, health assessment and service co-ordination, outpatient treatment, basic diagnostic services and 24-hour nursing coverage.
- Increased numbers of communities are served by volunteers trained as emergency health-care providers through the First Responder initiative.
- Improvements to the provincial ambulance services database allow Saskatchewan Health, the health districts and ambulance services to improve decision-making and provide better emergency medical services.

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of Health Canada and rescheduling allotted travel days for a number of communities. Arrangements for regular visits to Buffalo Narrows by an optometrist resulted in cost reductions.

In 1996, the Air Ambulance Service was recognized for its 50 years of dedicated service to the people of this province. Since its inception, the Air Ambulance Service, which currently averages 65 trips per month, has helped save the lives of more than 35,000 people.

Community Care

In 1996-97, *Acquired Brain Injury - A Strategy for Services*, was put into operation. Three interdisciplinary outreach teams and 22 community-based programs were funded to better meet the needs of people with acquired brain injuries and their families. These enhanced services enable people to receive rehabilitation, housing and vocational services as close to home as possible. This project is co-ordinated provincially by Saskatchewan Health and supported financially by SGI and provided by the outreach teams and community-based organizations.

To help prevent and treat eating disorders, Saskatchewan Health enhanced community-based resources and the health districts' capacity to provide prevention, early intervention and treatment services in the community and hospitals, day rehabilitation programs, and long-term care facilities.

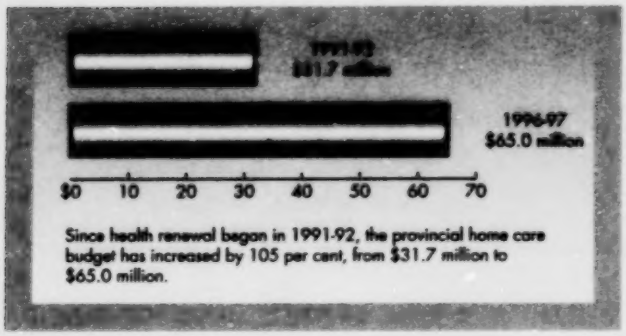
- A key initiative during 1996-97 was the development of a three-year pilot project for eating disorders, called the Bridgepoint Centre, a rehabilitation program based in Milden.

Home Care

Home care helps people who need supportive, palliative and acute care to remain at home for as long as possible. It encourages and supports assistance from the family and/or community. Home care delays or prevents admissions into long-term care facilities; maintains, improves, or delays the loss of functional abilities; and supports those waiting for admission to long-term care facilities. It also prevents unnecessary hospital admissions and makes early discharges from hospitals possible.

Efforts to reduce the barriers to increased use of home care include providing free palliative and home care supplies and intravenous drugs, payment of physician telephone consultation and case conferences, and the reduction or elimination of client fees in cases of financial hardship.

The demand for home care nursing services increased in northern Saskatchewan in 1996-97. Additional funding was provided for some local home care programs in the north, allowing for the development and implementation of home care nursing programs. Existing home care nursing programs were able to enhance their services. This enabled northern home care programs to more closely reflect home care services available in the rest of the province.



Since health renewal began in 1991-92, the provincial home care budget has increased by 105 per cent, from $31.7 million to $65.0 million.

In 1996-97, 27,979 people used home care services, representing a 45-per-cent increase over 1991-92. The number of home care units (one hour of nursing or homemaking or one meal) has increased 62.1 per cent from 1,391,747 to 2,255,397.

Palliative Care

Palliative care may be offered through hospitals, health centres, special care homes or in a person's home. Over the past few years, home palliative care has become a priority, as it allows patients to remain in their homes for a longer period of time. In 1996-97, more than 1,300 people received palliative care services in their own homes.

Respite services give relief to the family, or other caregiver, of a dependent person living at home.

Respite Services

Respite services allow the primary caregivers to relax, socialize and perform everyday tasks for a few hours or up to several weeks. Respite services support and strengthen the family or other support systems, enabling the dependent person to remain at home, and delay or prevent permanent placement of the dependent person in a long-term care institution. Respite services may be provided in a person's own home as part of the home care program, or in care facilities.

Personal Care Homes

Personal care homes are privately owned and operated by individuals or corporations, with no public funding. Personal care homes provide accommodation, meals, and assistance or supervision of personal care services. They provide another community option for adults 18 years of age and over who do not need the services of a special care home. Residents in personal care homes have the same access to professional home care services and health services as other people. Saskatchewan Health staff monitor personal care homes on a regular basis.

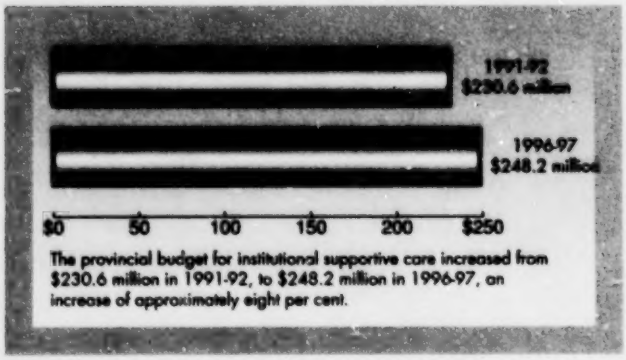
In 1996-97, regulations of the Personal Care Home Act were amended to allow homes to increase the maximum number of occupants from 10 to 40.

Special Care Homes

Special care homes provide institutional long-term care to individuals who need higher levels of care, in an environment that allows them to be as independent as possible.

To make the best use of special care home resources, health district boards usually admit individuals whose needs cannot be met through community or home-based services.

Funding in 1996-97 was directed toward nursing home additions, renovations or new construction – projects that enhanced comfort, appeal, practicality and availability, and allowed for the consolidation of facilities that enhanced services and reduced operating costs.



The provincial budget for institutional supportive care increased from $230.6 million in 1991-92, to $248.2 million in 1996-97, an increase of approximately eight per cent.

Additional community options, such as an expansion in home care services, have helped more people remain in their own homes and communities. As a result, the number of nursing home beds in Saskatchewan has fallen from 158 per thousand people of over the age of 75 in 1991-92 to 133 in 1996-97. Canada as a whole ranks high internationally and Saskatchewan still has the highest ratio of beds to population over 75 in the country.

Aids for Independent Living

Saskatchewan Aids for Independent Living (SAIL) facilitates the rehabilitation, treatment and independence of people with physical disabilities through the loan or purchase of medical devices and supplies.

[illegible]	[illegible]	[illegible]
Special Program Caseloads		
6,721	7,180	7,438
Rehabilitation Equipment Loans		
19,447	19,172	20,418
Payments		
$15.5 million	$16.8 million	$15.9 million

Northern Services

Saskatchewan Health is working with the communities of the Athabasca Basin, the Prince Albert Grand Council and Health Canada to establish the Athabasca Health Authority, effective April 1, 1998, which will administer all health services, both on and off reserve, in the Athabasca Basin. This region includes the communities of Camsell Portage, Uranium City, Fond du Lac, Stony Rapids and Black Lake. Although it will be created under the Non-Profit Corporations Act, the Authority will meet the requirements of a health district.

Saskatchewan Health administers contracted physician services to Cumberland House, La Loche and Sandy Bay.

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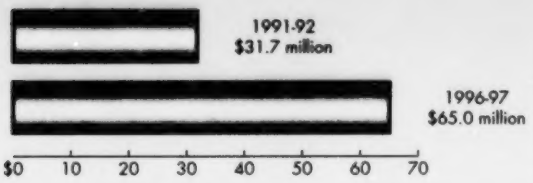

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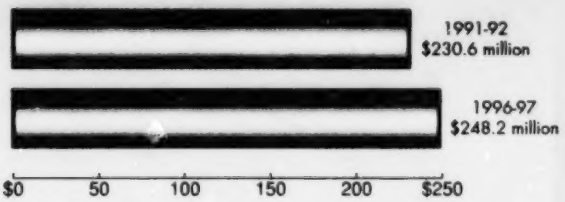

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Saskatchewan Health administers contracted physician services to Cumberland House, La Loche and Sandy Bay.

In cooperation and consultation with Health Canada, Prince Albert Grand Council, Meadow Lake Tribal Council, the North West Municipalities Association and the University of Saskatchewan, Saskatchewan Health coordinates Northern Medical Services (NMS), which provides resident physicians in Ile-a-la-Crosse, Uranium City and La Ronge and visiting physician services to several other small communities and reserves in those areas. Visiting specialist services are also coordinated by NMS, and have increased to northern Saskatchewan.

Plans are also being made to improve services on the west side of northern Saskatchewan. The West Side Health Services and Facility Planning committee completed and submitted its report and recommendations to Saskatchewan Health in January 1997. There was unanimous agreement in the report that a new health centre is needed in La Loche.

- Saskatchewan Health increased funding for professional mental health staff in 1996-97, which permitted the recruitment of new staff and re-allocation of an existing position in Buffalo Narrows, Uranium City and Ile-a-la-Crosse.
- In partnership with northern villages, new funding also facilitated recruitment of community support workers to serve residents of remote communities such as La Loche, Michel Village-St. George's Hill, Uranium City, Stony Rapids and Jans Bay-Cole Bay.

Principle Four:

Co-ordinate and integrate health services for a more responsive, efficient, client-centred system.

Saskatchewan Health recognizes that the co-ordination and integration of health services helps create a more efficient and client-centred system. Its efforts in 1996-97 helped make the system operate more effectively and more affordably.

Each health district designates a District Quality of Care Co-ordinator to help clients and families address their concerns about health services, inform people about their rights and options, and identify trends and opportunities that improve the delivery of health services.

Saskatchewan Health, in partnership with seven health districts and SaskTel Mobility, completed a pilot project to evaluate an 88 mghz emergency communications system. As a result of this evaluation, the Department provided $2 million to support the introduction of this enhanced emergency communications system province-wide.

In 1996-97, guidelines concerning observation/assessment beds were established to ensure consistency and quality of service. Observation/assessment beds in community health centres provide an alternate means of

addressing the needs of some people with short-term, acute-care needs.

The expansion and renovation of the Allan Blair Cancer Centre in Regina continued. This expansion ensures that the Saskatchewan Cancer Foundation, which develops and operates the Saskatchewan Cancer Program as well as administers the Screening Program for Breast Cancer, will be able to continue meeting the needs of cancer patients in Saskatchewan for years to come.

In 1996, chemical dependency services for youth were consolidated with adult services at Calder Centre in Saskatoon.

The integration of adult and youth services decreased administrative and operating costs, while allowing for the continued operation of a separate youth program. The Calder Centre Adolescent Program now provides alcohol and drug services to Saskatchewan youth who require a residential recovery program. Consistent with health renewal's objective of providing a provincial continuum of addiction services, Calder Centre's Adolescent Program provides a specialized resource to the province.

Saskatchewan Health distributed copies of *Blood Transfusion Practice Guidelines*, which were developed by a committee of the College of Physicians and Surgeons of Saskatchewan. The guidelines outline the appropriate use of transfusion therapy, minimizing risk to patients. Funding was provided to acute care projects involving the replacement and/or renovation of existing hospitals to provide a broad range of services, including in-patient services, emergency, ambulatory care, diagnostics, clinical programs, surgical, obstetrics, and other speciality services and support services. Projects enhanced access to acute care and specialty services, improved patient care, replaced old buildings, and upgraded existing structures, where possible.

Funding was also given to long-term care projects involving the upgrade or replacement of long-term care facilities. Projects improved program delivery, met building and fire codes and accessibility and space requirements while providing safe nursing homes and enhancing the quality of life for residents.

Health centre projects involve additions to nursing homes, renovation or new construction and provide emergency, observation/assessment and diagnostics. Health centres consolidate facilities to enhance services and reduce operating costs.

A health centre working group composed of district and department representatives was formed in October 1996 to develop a provincial framework to help district boards make decisions regarding community health centres.

Measuring Effectiveness

In 1996-97, Saskatchewan Health conducted an extensive review of the literature on performance indicators and quality measures. Together with the Health District Advisory Committee Information Needs Working Group, which includes

representation from health districts and the Health Services Utilization and Research Commission, Saskatchewan Health developed a framework for district health board reporting on health status and program effectiveness.

Saskatchewan Health also worked with the Canadian Council on Health Services Accreditation to develop a district-wide accreditation strategy specific to Saskatchewan. Health districts, with funding support from Saskatchewan Health, have continued to pursue district-wide accreditation through the national body of the Canadian Council on Health Services Accreditation. Six health districts were accredited in 1996-97, bringing the total number of districts with district-wide accreditation to seven. The district-wide accreditation process assures the public that standards in programming and service delivery are being achieved.

The Department continued to work with the Saskatoon and Regina health districts on a joint project to improve the provincial waiting list system. The project aims to improve booking and scheduling efficiency to reduce waiting times. The project also seeks to provide high-quality comparable waiting list data that can be used to monitor access to diagnostic and surgical procedures across the province.

Health Management Teams

In the past two years more complex health management teams have developed within northern communities, due to an identified need for standardized approaches to care and other issues across jurisdictions. Program guidelines for the represented agencies – for example, current immunization procedures – are shared in areas where health providers offer related services. As well, involved agencies are sharing information and developing similar client service guidelines. Regional health team meetings are ongoing on the west side, east side and Athabasca Basin areas, and attendance has been consistently high. Working groups have been struck to deal with key issues.

In 1996-97, Saskatchewan Health, in partnership with health districts, developed a case management approach which focused on improving access to health services. In field tests, 97 per cent of clients were satisfied with the assessment process. A case management framework and screening assessment training package were developed and delivered to 200 case managers in 10 health districts in two-day training seminars. Training will be completed in 1997-98.

In response to health district concerns, Saskatchewan Health, in collaboration with district health boards, set out to select a new provincial system for the classification of residents involved in specialized supportive care. The Prince Albert Health District was contracted to pre-pilot the new system and provide support for its development. It will create a user manual and an implementation guide, and provide technical telephone support to other health districts. The Minimum Data Set/Resource Utilization Groupings (MDS/RUG) system was chosen.

Child Action Plan

Saskatchewan's Action Plan for Children, also known as the Child Action Plan, is a major interdepartmental initiative of the Government of Saskatchewan. The Child Action Plan is a provincial strategy designed to enhance the well-being of Saskatchewan children, youth, and families. It provides a process for government, communities, organizations and individuals to work together to develop common approaches to children's issues, ensuring that resources are used effectively and appropriately for the community.

In 1996-97, Saskatchewan Health participated in the following initiatives:

- *Successful Mothers Support Program*: Considerable progress has been made in developing and implementing this outreach mentoring program for families with young children living in disadvantaged conditions in 10 sites across the province. Volunteers, mothers and community/referral agencies have indicated their support.
- *Treatment Services for Adolescent Offenders*: Treatment services for adolescent sex offenders have been established in the Yorkton area. Treatment services in Saskatoon have been enhanced.
- *Enhanced Measles Immunization Program*: 40,000 pre-school and school-aged children were immunized in the first phase of this program.
- *Child Injury in Saskatchewan*: The department assisted the Saskatchewan Institute on Prevention of Handicaps to produce and distribute a report on child injury, hospitalization and deaths in Saskatchewan between 1989 and 1994.
- *Fetal Alcohol Syndrome*: Saskatchewan Health, in partnership with other government departments and community-based organizations, is participating in the Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effects (FAE) prevention and education project. Administered by the Saskatchewan Institute on Prevention of Handicaps, this three-phase initiative will promote prevention, early intervention and treatment of FAS/FAE across Saskatchewan. Saskatchewan Health and Saskatchewan Social Services are co-funding this project.

Information and Technology

The management of information is vital to the co-ordination and integration of health services. In 1996-97, Saskatchewan Health created a more responsive, efficient, client-centred system by:

- establishing a central source for information on district-delivered services, demographics and health indicators;
- initiating Mental Health System redevelopment. District and department representatives participated in drafting system specifications, and an on-line information system is now being developed.

Saskatchewan Health formed a Telemedicine Steering Committee with several provincial health organizations to examine the use of telecommunications in the delivery of health services ("Telehealth").

Health districts were asked to submit proposals for "Telehealth" pilot projects which would improve health services by enhancing:

- access to a variety of health-care providers for residents of remote areas;
- support for general practitioners and other health providers in rural regions;
- best use of specialists; and
- access to continuing education for health-care providers.

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Principle Five:

Ensure a financially sustainable, publicly funded health system.

A desire and commitment to provide the best possible care with the greatest number of options does not preclude a responsible fiscal attitude. Saskatchewan Health has a responsibility to this province and its residents to operate the health care system economically.

In 1996-97, Saskatchewan Health continued to update and refine the "population needs-based funding" model. Population needs-based funding allocates funds to district health boards on the basis of characteristics of their populations which indicate need, rather than on the basis of facilities, beds or approved service levels.

This system gives district boards the flexibility to assess, plan and deliver health services to meet their communities' needs in the most appropriate way.

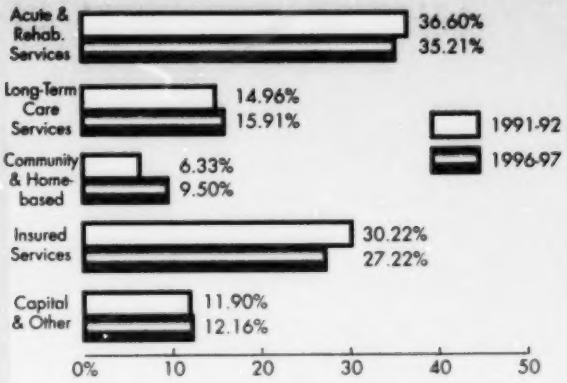
Saskatchewan Health continued to work with health districts to maintain accountability requirements, including planning, monitoring, and reporting district activities for 1996-97.

One of the key principles of health renewal in 1992 that continues to guide Saskatchewan's health system is achieving a financially-sustainable, publicly-funded health system. In the two decades prior to 1992, health expenditures had been growing at a rate of 13 per cent per year. This level of annual increases in spending could not be sustained into the future.

As the first North American jurisdiction to use the population needs-based funding model, Saskatchewan Health has made presentations to ministries of health and health-care professionals across Canada, as well as to delegations from South Africa, Armenia and Taiwan.

The population health approach adopted by Saskatchewan, along with some of its key principles such as improving the balance between institutional services and home or community-based programs, and emphasizing disease and injury prevention, health protection, and health promotion has assisted in the achievement of a financially-sustainable health system.

The change to a population approach to health has brought about a new growth trend and a change in the composition of the health budget. Consistent with the principle of balancing institutional services and home and community-based programs, Saskatchewan has seen a shift from institution to community and home-based services. Funding for hospitals in 1996-97 was $44 million lower than it was in 1991-92 and represented 35 per cent of the total health budget, down from 37 per cent in 1991-92. At the same time, funding for home and community-based services increased by $47 million and represented 10 per cent of the total health budget in 1996-97 compared to six per cent in 1991-92.



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Provincial Medical and Health Insurance Coverage

The Saskatchewan Medical Care Insurance Plan covers insured services provided by physicians, chiropractors and optometrists, as well as a limited range of services provided by dentists.

The plan pays for insured services on a fee-for-service basis, in accordance with medical care insurance payment schedules. These schedules reflect agreements reached with various professional associations. Contract and salary funding arrangements are also developed by mutual agreement and implemented to support stable and appropriate service provision.

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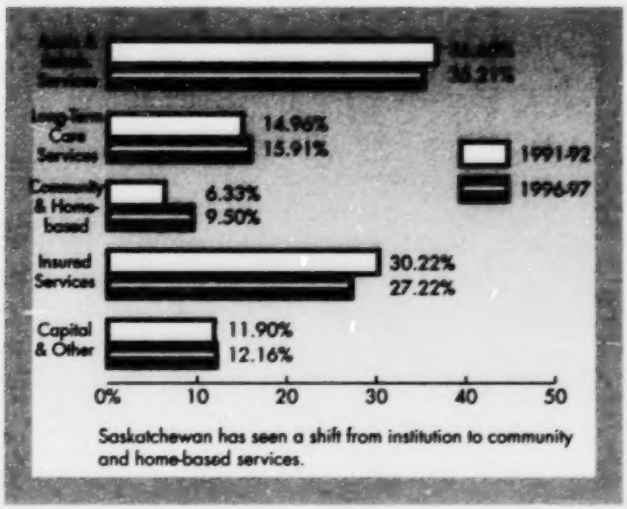

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Financial Statements

Saskatchewan Health
Overview of Actual Revenue and Expenditures to Estimates

	1996-97 Estimates $000s	1996-97 Actual $000s	Variances $000s *		1997-98 Estimates $000s
Revenue	12,148	10,445	(1,703)	(1)	11,122
Operating Expenditures:					
Administration	2,909	3,258	349		2,657
Accommodation & Central Services	12,341	12,491	150		12,032
District Health Services & Support					
Acute & Rehabilitation Services	549,313	572,849	23,536	(2)	584,931
Long Term Care Services	248,210	250,739	2,529	(2)	259,131
Home-Based Services	65,044	65,092	48		67,859
Community Services	85,431	88,658	3,227	(2)	97,969
Emergency Response Services	13,558	18,608	5,050	(3)	16,558
Hospital Revenue Act	844	313	(531)	(4)	0
Health Organizations and Services	15,283	14,801	(482)		13,882
Saskatchewan Cancer Foundation	18,656	18,817	161		19,850
District Health Board Elections	0	0	0		570
District Programs Support	15,997	15,375	(622)		15,179
SUBTOTAL	1,012,336	1,045,252	32,916		1,075,929
Provincial Health Services & Support					
Provincial Community Health Services	6,810	8,876	2,066	(5)	3,538
Northern Health Services	11,341	12,379	1,038	(6)	12,164
Provincial Laboratory	8,041	8,080	39		7,929
Health Research	4,021	4,044	23		4,358
Provincial Programs Support	8,827	8,826	(1)		9,738
SUBTOTAL	39,040	42,205	3,165		37,727
Medical Services & Medical Education Programs	360,997	359,163	(1,834)	(7)	370,104
Drug Plan & Extended Benefits	90,512	94,245	3,733	(8)	92,044
Health Capital	42,117	51,391	9,274	(9)	42,117
TOTAL OPERATING EXPENDITURES	**1,560,252**	**1,608,005**	**47,753**		**1,632,610**
FTE STAFF COMPLEMENT	645.2	755.0	109.8	(10)	645.2

* See below for explanations of significant variances between 1996-97 estimates and 1996-97 actual that are +5% and greater than $500,000, and/or +$1,500,000 (1% of total expenditure).

Explanations for significant variances:

(1) Federal/provincial cost share revenue was lower than anticipated, primarily as a result of Canada Assistance Plan final year settlements related to previous year federal over payments for home based services.

(2) Actuals were higher than originally estimated as a result of mid-year approval of Health Renewal Transition funding.

(3) Actuals were higher than originally estimated as a result of mid-year approval of Health Renewal Transition funding to purchase an air ambulance aircraft as well as the enhancement of emergency communications equipment (Fleetnet).

(4) More municipalities entered directly into agreements with health districts than anticipated, thereby reducing departmental funding requirements.

(5) Actuals were lower due to the transfer of the Saskatchewan Hearing Aid Plan to health districts proceeding slower than originally planned (offset by corresponding revenue received into the general revenue fund).

(6) Actuals were higher than originally estimated as a result of mid-year approval of Health Renewal Transition funding, as well as increased northern medical transportation costs and implementation of northern medical services physician contract.

(7) Under expenditure results primarily from lower than anticipated utilization rates for out-of-province and chiropractic services.

(8) Over expenditure results primarily from higher than anticipated drug plan and oxygen program utilization.

(9) Actuals were higher than originally estimated as a result of increased capital funding to health districts.

(10) Over utilization primarily resulting from the delayed transfer of the Saskatchewan Hearing Aid Plan to health districts and the amalgamation of Whitespruce Youth Treatment facility into government.

1996-97 District Health Board Audited Operating Fund Financial Statements

	Assiniboine Valley	Battlefords	Central Plains	East Central	Gabriel Springs	Greenhead	Living Sky	Lloydminster
Statement of Operations - Operating Fund								
Operating Revenue								
Provincial Funding	16,959,115	42,350,680	17,773,265	41,690,708	9,714,252	10,249,531	10,476,482	6,716,011
Hospital Revenue Tax	0	0	0	301,692	0	0	138,475	123,718
LTC Resident Fees	2,692,097	3,001,470	1,265,778	4,433,859	34,014	1,277,903	1,990,986	1,697,276
Home Based Client Fees	146,631	146,323	235,536	283,737	86,092	142,806	163,734	56,951
Emergency Response Fees	0	0	32,636	18,587	0	190,837	33,895	95,809
CMHC Mortgage Subsidies	253,362	0	0	283,134	0	105,806	34,173	85,344
Out of Province/Third Party Charges	158,287	1,152,782	21,854	2,176,866	108,228	136,215	81,337	252,533
Donations	0	0	10,843	338,618	1,415	0	402	157,688
Investment Income	43,926	182,535	115,935	25,396	29,635	86,544	71,004	321,960
Ancillary Operations	0	709,052	34,558	173,539	0	0	21,550	0
Other	609,525	349,489	208,653	1,046,068	49,770	268,292	477,855	7,709,140
Total Revenue	**20,862,943**	**47,892,331**	**19,699,058**	**50,772,204**	**10,023,406**	**12,457,934**	**13,489,693**	**17,216,430**
Operating Expenses								
Acute Services	6,375,585	15,960,149	1,882,029	22,510,919	3,609,391	4,770,313	4,389,011	8,183,227
Provincial Programs	0	11,631,955	0	0	0	0	0	0
Comm. Health, Wellness Centres	0	0	554,637	349,607	0	0	147,792	72,068
Supportive Care Services	10,154,925	10,545,091	4,293,227	16,928,756	0	4,639,364	6,508,509	6,309,082
Grants to Affiliates: Acute	0	0	6,220,043	0	0	0	0	0
Health Centres	0	0	0	0	0	0	0	0
Supportive	0	791,955	3,316,646	0	4,673,639	918,326	0	0
Home Based Services	2,078,064	1,808,856	1,978,340	2,711,710	815,571	1,069,790	1,386,376	880,299
Health Improvement Initiatives	286,934	233,584	188,074	691,934	109,767	253,544	247,657	30,106
Community Care Initiatives	46,486	0	71,255	0	0	0	0	276,194
Emergency Response Services	413,606	353,331	383,216	490,188	136,361	330,904	327,446	233,203
Alcohol and Drug Services	43,481	395,196	95,544	194,766	50,313	0	40,601	310,041
Community Health Services	343,570	1,809,382	363,206	1,632,776	162,064	556,768	358,137	446,884
Mental Health Services	47,690	3,522,492	126,794	3,712,397	118,573	0	63,874	405,473
Rehabilitation Services	108,121	385,914	59,650	491,409	105,243	0	0	476,952
Ancillary Operations	111,000	0	37,394	145,665	0	0	25,218	0
Other			45,166	413,407	0	0	0	13,788
Total Expenses	**20,009,462**	**47,437,905**	**19,615,221**	**50,273,534**	**9,780,922**	**12,539,009**	**13,494,619**	**17,637,317**
Excess/(Deficiency) of Revenues over Expenses	**853,481**	**454,426**	**83,837**	**498,670**	**242,484**	**-81,075**	**-4,926**	**-420,887**
Operating Fund Balance Beginning of Year	**-454,340**	**2,380,970**	**1,260,251**	**-8,613,717**	**492,951**	**657,165**	**280,069**	**4,403,959**
Interfund Transfers	**-134,134**	**-393,108**	**-89,836**	**-736,986**	**0**	**-272,331**	**-95,937**	**-470,681**
Operating Fund Balance End of Year	**265,007**	**2,440,288**	**1,254,252**	**-8,852,033**	**735,435**	**303,759**	**179,206**	**3,512,391**
Statement of Financial Position- Operating Fund								
Operating Assets								
Cash and Short-term Investments	1,485,157	5,967,753	2,587,821	0	477,688	1,365,998	555,404	3,314,224
Accounts Receivable - Health	17,365	37,633	15,861	31,077	0	0	15,366	0
- Other	274,929	593,146	150,067	960,831	52,762	191,041	318,384	299,131
Inventory	525,692	570,096	161,187	754,158	121,114	217,655	358,095	372,201
Prepaid Expenses	110,575	342,334	71,246	154,973	18,165	45,445	70,184	202,718
Investments	0	0	145,000	126,218	677,364	5,658	362,404	2,147,378
Other Assets	0	559,070	0	0	0	0	0	177,150
Total Assets	**2,413,718**	**8,070,032**	**3,131,182**	**2,027,257**	**1,347,093**	**1,825,797**	**1,679,837**	**6,512,802**
Liabilities and Fund Balance								
Accounts Payable	710,138	2,497,171	456,705	7,524,343	216,563	446,584	638,690	950,386
Salaries and Vacation Payable	1,194,277	2,529,840	681,814	3,047,377	246,414	835,770	718,054	1,358,052
Current Portion of Mortgages	0	0	0	0	0	0	0	0
Deferred Revenue	244,296	602,735	738,411	307,570	148,681	239,684	143,887	508,873
Long Term Debt	0	0	0	0	0	0	0	183,100
Total Liabilities	2,148,711	5,629,746	1,876,930	10,879,290	611,658	1,522,038	1,500,631	3,000,411
Operating Fund Balance	265,007	2,440,286	1,254,252	-8,852,033	735,435	303,759	179,206	3,512,391
Total Liabilities and Operating Fund Balances	**2,413,718**	**8,070,032**	**3,131,182**	**2,027,257**	**1,347,093**	**1,825,797**	**1,679,837**	**6,512,802**

	Midwest	Moose Jaw-Thunder Creek	Moose Mountain	North Central	North-East	North Valley	Northwest	Parkland
Statement of Operations - Operating Fund								
Operating Revenue								
Provincial Funding	15,271,500	44,762,808	10,382,676	14,855,203	12,736,689	14,258,103	8,550,760	13,659,374
Hospital Revenue Tax	0	0	162,465	0	97,673	0	0	0
LTC Resident Fees	2,477,441	1,416,848	1,249,849	1,699,836	1,754,484	997,458	1,042,303	2,024,508
Home Based Client Fees	197,014	348,243	168,308	104,889	126,997	175,890	57,080	131,617
Emergency Response Fees	137,175	63,263	134,441	0	0	30,109	273,443	0
CMHC Mortgage Subsidies	194,773	95,368	0	324,029	0	0	107,659	821,935
Out of Province/Third Party Charges	80,762	436,219	212,849	241,810	139,857	0	152,627	96,364
Donations	0	38,842	12,501	0	57,000	9,730	1,000	0
Investment Income	228,089	145,204	128,305	203,832	115,563	43,476	156,819	116,626
Ancillary Operations	0	128,108	0	31,662	251,905	0	0	0
Other	566,849	857,734	187,704	244,159	0	49,815	295,672	285,259
Total Revenue	**19,153,603**	**48,292,637**	**12,639,098**	**17,705,420**	**15,280,168**	**15,564,581**	**10,637,363**	**17,135,683**
Operating Expenses								
Acute Services	4,261,803	20,797,086	4,507,070	6,897,535	5,950,824	275,871	4,384,422	4,368,867
Provincial Programs	0	0	0	0	0	0	0	0
Comm. Health, Wellness Centres	366,240	0	75,896	0	252,983	247,098	101,836	0
Supportive Care Services	9,542,831	5,358,585	4,885,208	7,482,927	6,081,310	3,376,619	3,447,762	9,370,057
Grants to Affiliates: Acute	0	0	0	0	0	4,991,766	0	0
Health Centres	0	0	0	0	0	0	0	0
Supportive	0	10,115,434	0	0	0	3,721,309	0	0
Home Based Services	1,688,996	3,323,201	1,245,358	862,407	1,086,318	1,385,650	607,084	1,480,741
Health Improvement Initiatives	165,816	356,728	195,417	369,490	173,566	90,263	115,902	372,232
Community Care Initiatives	89,582	160,173	40,558	18,839	138,809	46,024	57,539	69,480
Emergency Response Services	402,131	627,043	273,494	145,750	209,398	268,868	382,336	251,939
Alcohol and Drug Services	65,532	655,287	86,000	160,880	0	88,778	109,534	0
Community Health Services	1,211,376	1,900,669	274,407	1,119,478	339,394	303,880	266,476	388,914
Mental Health Services	392,256	3,076,538	92,717	164,408	200,064	49,665	185,349	0
Rehabilitation Services	182,084	335,616	0	165,776	122,448	279,781	67,735	0
Ancillary Operations	0	93,529	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total Expenses	**18,368,647**	**46,799,889**	**11,676,125**	**17,387,490**	**14,555,114**	**15,125,572**	**9,725,975**	**16,302,230**
Excess/(Deficiency) of Revenues over Expenses	**784,956**	**1,492,748**	**962,973**	**317,930**	**725,054**	**439,009**	**911,388**	**833,453**
Operating Fund Balance Beginning of Year	**3,538,008**	**1,586,500**	**2,283,741**	**2,914,455**	**795,437**	**245,981**	**1,233,592**	**1,319,708**
Interfund Transfers	**-522,758**	**-1,514,986**	**-72,498**	**-411,085**	**-151,838**	**-68,664**	**-566,240**	**-1,162,064**
Operating Fund Balance End of Year	**3,800,206**	**1,564,262**	**3,174,216**	**2,821,300**	**1,368,653**	**616,326**	**1,578,740**	**991,097**
Statement of Financial Position- Operating Fund								
Operating Assets								
Cash and Short-term Investments	5,492,610	5,239,112	4,107,189	2,014,266	2,199,358	1,379,606	590,527	2,210,061
Accounts Receivable - Health	0	0	0	0	0	0	3,541	19,099
- Other	561,782	387,630	168,074	408,732	279,251	77,486	260,279	232,223
Inventory	344,475	508,969	167,362	269,669	265,834	60,660	181,229	295,538
Prepaid Expenses	87,489	797,307	56,395	109,041	97,048	14,296	56,517	88,445
Investments	4,812	51,300	162,427	1,496,556	50,000	253,702	1,617,226	0
Other Assets	0	0	0	0	10,297	0	0	0
Total Assets	**6,491,168**	**6,984,318**	**4,661,447**	**4,298,264**	**2,901,788**	**1,785,750**	**2,709,319**	**2,845,366**
Liabilities and Fund Balance								
Accounts Payable	675,493	2,113,457	496,525	193,746	426,329	355,638	317,378	921,504
Salaries and Vacation Payable	1,134,471	2,297,796	655,161	1,044,492	823 300	326,178	545,377	852,164
Current Portion of Mortgages	0	0	0	0	0	0	0	0
Deferred Revenue	680,998	1,008,803	335,545	238,726	283,506	487,608	267,824	80,601
Long Term Debt	0	0	0	0	0	0	0	0
Total Liabilities	2,690,962	5,420,056	1,487,231	1,476,964	1,533,135	1,169,424	1,130,579	1,854,269
Operating Fund Balance	3,800,206	1,564,262	3,174,216	2,821,300	1,368,653	616,326	1,578,740	991,097
Total Liabilities and Operating Fund Balances	**6,491,168**	**6,984,318**	**4,661,447**	**4,298,264**	**2,901,788**	**1,785,750**	**2,709,319**	**2,845,366**

	Pasquia	Pipestone	Prairie West	Prince Albert	Regina	Rolling Hills	Saskatoon	South Central
Statement of Operations - Operating Fund								
Operating Revenue								
Provincial Funding	14,789,805	17,863,366	11,186,869	50,069,599	253,416,620	7,793,239	268,318,000	26,464,007
Hospital Revenue Tax	0	170,127	213,208	0	0	0	0	0
LTC Resident Fees	1,987,382	3,198,648	669,752	2,718,387	2,107,387	748,840	0	3,880,601
Home Based Client Fees	195,121	230,186	163,164	241,730	819,550	97,370	0	219,008
Emergency Response Fees	83,018	139,509	266,484	0	1,581,644	27,227	0	327,305
CMHC Mortgage Subsidies	204,618	138,588	39,428	0	0	28,335	0	0
Out of Province/Third Party Charges	99,945	1,078,003	123,318	458,470	12,749,478	29,078	10,706,000	132,027
Donations	0	23,876	8,137	27,227	935,831	18,879	0	9,114
Investment Income	100,432	82,451	31,988	28,417	1,188,883	43,502	0	441,232
Ancillary Operations	15,610	0	129,420	674,212	2,012,007	15,879	0	0
Other	202,233	109,891	9,806	1,320,658	6,757,936	65,976	9,416,000	789,275
Total Revenue	**17,678,164**	**23,034,645**	**12,841,574**	**55,538,700**	**281,569,336**	**8,868,325**	**288,440,000**	**32,262,569**
Operating Expenses								
Acute Services	6,737,494	6,480,291	3,849,107	25,248,246	164,610,024	991,858	196,871,264	6,031,391
Provincial Programs	0	0	0	0	9,199,459	0	0	0
Comm. Health, Wellness Centres	470,840	543,492	655,591	969,412	229,584	1,044,848	0	843,058
Supportive Care Services	7,014,048	11,887,564	5,310,004	8,302,699	15,316,967	2,944,766	11,090,000	15,923,656
Grants to Affiliates: Acute	0	0	0	5,784,128	0	0	0	0
Health Centres	0	0	0	0	0	0	0	174,436
Supportive	0	0	0	1,270,706	30,711,919	1,744,265	31,471,000	1,408,264
Home Based Services	1,639,613	1,774,577	1,239,935	2,851,471	11,605,496	813,021	14,407,676	1,552,096
Health Improvement Initiatives	246,451	302,198	159,869	790,462	1,470,113	156,472	1,297,736	194,341
Community Care Initiatives	92,033	0	38,703	273,197	228,065	33,328	806,324	116,777
Emergency Response Services	412,655	460,831	512,841	485,482	2,827,683	220,295	1,770,000	730,854
Alcohol and Drug Services	42,366	738,939	114,881	392,485	1,761,240	62,460	1,814,000	75,555
Community Health Services	317,930	262,074	317,384	2,575,039	7,161,933	86,764	7,714,000	1,730,528
Mental Health Services	70,153	196,955	219,297	3,879,488	10,695,560	63,294	10,406,000	2,291,148
Rehabilitation Services	74,156	23,418	62,633	379,454	21,942,274	1,005	10,781,000	131,591
Ancillary Operations	0	0	26,121	457,503	521,146	26,574	0	0
Other	0	0	0	0	6,479,714	0	0	0
Total Expenses	**17,117,739**	**22,670,339**	**12,506,366**	**53,659,772**	**284,761,177**	**8,188,950**	**288,429,000**	**31,203,695**
Excess/(Deficiency) of Revenues over Expenses	**560,425**	**364,306**	**335,208**	**1,878,928**	**-3,191,841**	**679,375**	**11,000**	**1,058,874**
Operating Fund Balance Beginning of Year	**1,492,028**	**2,112,828**	**560,869**	**-1,759,854**	**2,305,910**	**509,955**	**255,000**	**3,352,268**
Interfund Transfers	**-215,156**	**-586,705**	**-178,551**	**-1,878,928**	**0**	**-176,836**	**4,114,000**	**-651,603**
Operating Fund Balance End of Year	**1,837,297**	**1,890,429**	**717,526**	**-1,759,854**	**-885,931**	**1,312,494**	**4,380,000**	**3,759,539**
Statement of Financial Position- Operating Fund								
Operating Assets								
Cash and Short-term Investments	2,581,231	3,152,544	843,741	1,711,515	6,497,209	1,783,393	19,626,000	1,083,500
Accounts Receivable - Health	23,317	16,910	13,065	0	972,445	12,220	783,000	63,894
- Other	125,589	533,299	194,105	1,091,216	9,290,075	145,292	9,203,000	795,593
Inventory	412,489	386,508	273,023	514,884	2,908,243	179,910	5,883,000	697,158
Prepaid Expenses	66,632	84,998	55,168	731,084	1,110,431	42,516	1,126,000	157,086
Investments	0	143,000	11,198	0	9,172,611	3,240	0	4,607,209
Other Assets	0	0	0	0	0	0	0	0
Total Assets	**3,209,258**	**4,317,259**	**1,390,300**	**4,048,699**	**29,951,014**	**2,166,571**	**36,621,000**	**7,404,440**
Liabilities and Fund Balance								
Accounts Payable	268,152	471,568	56,394	3,106,392	11,020,746	341,013	10,979,000	1,508,897
Salaries and Vacation Payable	892,440	1,677,588	567,008	2,140,131	18,001,699	301,445	19,171,000	1,540,909
Current Portion of Mortgages	0	0	0	0	0	0	54,000	0
Deferred Revenue	211,369	277,674	49,372	562,030	1,814,500	211,619	759,000	409,640
Long Term Debt	0	0	0	0	0	0	1,278,000	185,455
Total Liabilities	1,371,961	2,426,830	672,774	5,808,553	30,836,945	854,077	32,241,000	3,644,901
Operating Fund Balance	1,837,297	1,890,429	717,526	-1,759,854	-885,931	1,312,494	4,380,000	3,759,539
Total Liabilities and Operating Fund Balances	**3,209,258**	**4,317,259**	**1,390,300**	**4,048,699**	**29,951,014**	**2,166,571**	**36,621,000**	**7,404,440**

	South Country	South East	Southwest	Swift Current	Touchwood Qu'Appelle	Twin Rivers	Grand Total
Statement of Operations - Operating Fund							
Operating Revenue							
Provincial Funding	10,661,867	17,933,408	10,421,404	24,674,324	9,241,155	8,323,449	1,021,564,269
Hospital Revenue Tax	89,175	131,280	37,112	281,189	0	195,214	1,941,328
LTC Resident Fees	1,482,755	1,943,617	1,890,864	1,509,209	1,481,694	1,067,934	53,743,180
Home Based Client Fees	134,059	274,363	104,508	164,735	0	114,032	5,329,674
Emergency Response Fees	0	271,129	220,740	0	0	120,068	4,047,319
CMHC Mortgage Subsidies	0	99,795	0	0	352,670	76,710	3,245,727
Out of Province/Third Party Charges	48,355	282,194	274,164	383,083	0	117,615	31,930,320
Donations	0	11,187	0	0	0	26,740	1,689,030
Investment Income	8,207	26,628	101,405	184,134	72,440	30,249	4,354,817
Ancillary Operations	200,506	0	13,970	24,571	0	40,767	4,477,316
Other	52,746	7,599	138,732	707,760	104,955	125,558	33,014,909
Total Revenue	**12,677,670**	**20,981,200**	**13,202,899**	**27,929,005**	**11,252,914**	**10,238,336**	**1,165,337,889**
Operating Expenses							
Acute Services	2,371,919	0	4,150,542	13,414,838	2,473,385	3,484,738	555,839,199
Provincial Programs	0	0	0	0	0	0	20,831,414
Comm. Health, Wellness Centres	251,952	5,818,888	477,042	0	0	982,875	14,455,739
Supportive Care Services	4,754,132	2,803,892	5,967,847	6,622,551	4,347,638	4,022,061	215,232,078
Grants to Affiliates Acute	1,241,378	7,210,260	29,304	0	1,707,051	0	27,183,930
Health Centres	0	0	0	0	22,922	0	197,358
Supportive	1,378,282	1,343,107	0	1,531,728	90,216	0	94,486,796
Home Based Services	1,053,848	1,925,283	1,189,226	1,689,240	950,768	899,602	68,000,613
Health Improvement Initiatives	177,400	0	178,168	254,809	101,440	193,443	9,403,916
Community Care Initiatives	27,087	0	669	130,519	0	0	2,761,641
Emergency Response Services	255,165	674,602	429,089	222,432	267,687	320,314	14,819,144
Alcohol and Drug Services	32,894	0	48,957	209,991	0	19,355	7,609,076
Community Health Services	290,800	323,672	324,173	1,832,408	199,836	117,256	34,731,178
Mental Health Services	44,004	533,205	57,078	2,180,559	38,708	49,389	42,883,128
Rehabilitation Services	46,313	0	86,618	103,651	0	92,770	36,505,612
Ancillary Operations	0	0	26,084	12,244	0	0	1,482,476
Other	0	0	0	0	0	0	6,952,075
Total Expenses	**11,925,174**	**20,632,909**	**12,964,797**	**28,204,970**	**10,199,651**	**10,181,803**	**1,153,375,373**
Excess/(Deficiency) of Revenues over Expenses	**752,496**	**348,291**	**238,102**	**-275,965**	**1,053,263**	**56,533**	**11,962,516**
Operating Fund Balance Beginning of Year	**-396,291**	**445,721**	**2,471,441**	**2,039,436**	**702,361**	**380,924**	**29,097,326**
Interfund Transfers	**-302,751**	**-418,730**	**-81,778**	**-336,803**	**-105,792**	**-391,738**	**-7,876,517**
Operating Fund Balance End of Year	**53,454**	**375,282**	**2,627,765**	**1,426,668**	**1,649,832**	**45,719**	**33,183,325**
Statement of Financial Position- Operating Fund							
Operating Assets							
Cash and Short-term Investments	824,971	719,275	3,506,918	1,519,824	2,647,398	259,364	85,743,657
Accounts Receivable - Health	10,216	0	179,285	0	0	10,296	2,224,590
- Other	65,210	361,672	200,261	561,857	168,666	254,512	28,206,095
Inventory	185,751	111,704	306,236	443 470	173,289	289,369	17,938,968
Prepaid Expenses	63,568	29,883	70,198	140,288	63,488	16,247	6,079,765
Investments	0	181,900	1,000	961,520	0	158,000	22,339,723
Other Assets	0	0	6,442	0	0	0	752,959
Total Assets	**1,149,716**	**1,404,434**	**4,270,340**	**3,626,959**	**3,052,841**	**987,788**	**163,285,757**
Liabilities and Fund Balance							
Accounts Payable	448,423	431,488	467,715	748,285	361,638	391,557	49,741,918
Salaries and Vacation Payable	545,641	536,967	688,052	1,452,006	376,350	540,216	66,721,989
Current Portion of Mortgages	0	0	0	0	0	0	54,000
Deferred Revenue	102,198	60,697	486,808	0	665,021	10,296	11,937,972
Long Term Debt	0	0	0	0	0	0	1,646,555
Total Liabilities	1,096,262	1,029,152	1,642,575	2,200,291	1,403,009	942,069	130,102,434
Operating Fund Balance	53,454	375,282	2,627,765	1,426,668	1,649,832	45,719	33,183,323
Total Liabilities and Operating Fund Balances	1,149,716	1,404,434	4,270,340	3,626,959	3,052,841	987,788	163,285,757

Health In The Year 2005

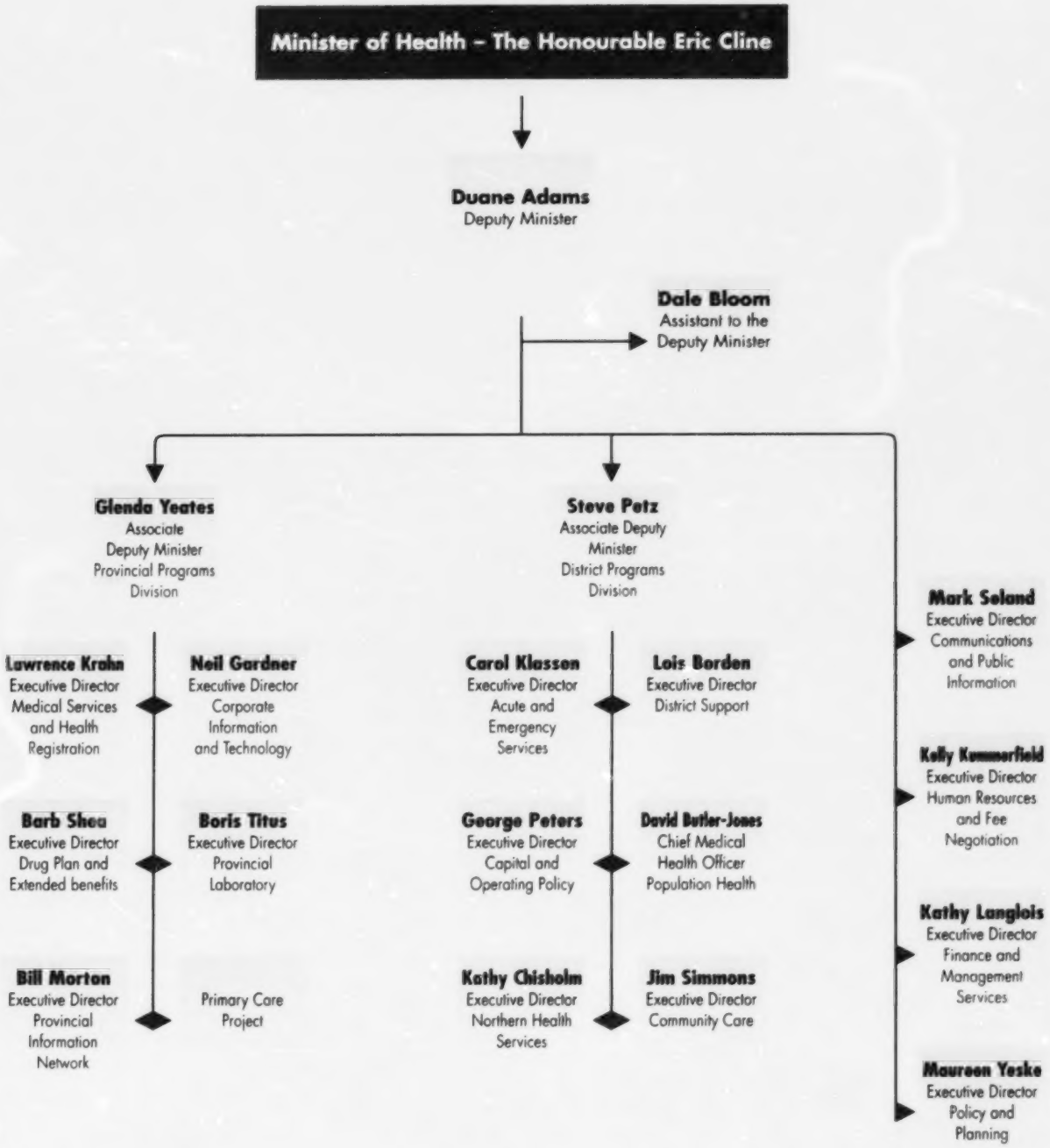
Health services in the year 2005 are accessible, appropriate to our needs, and affordable.

Although much has been accomplished, the journey continues on the road to achieving our goals. District health boards, the provincial government, Saskatchewan residents, communities and health professionals all have had a hand in creating a health system that helps people and communities achieve their potential and meet the challenge of improved wellness in the century to come. Here is a snapshot of how Saskatchewan's ever evolving health system might look in the year 2005.

- Your community health centre is a trusted resource for basic health needs. Child health clinics, walk-in treatment clinics, doctors, primary care nurses, counsellors, therapists and other services are available there. Some have day-care centres, traditional healers, and dentists – if that is what the community needs.
- Your physician can consult with specialists throughout the province via telemedicine; using electronic links to study on-line x-rays and your case history, care providers can then connect you to the most appropriate professional or the closest hospital which offers the service you need.
- With advances in medical practice and technology, treatment and recovery often occur outside the hospital. Hospitals are used for intensive or specialized care for people who are acutely ill.
- In an emergency, you can count on a quick response. The emergency network includes trained First Responders, nurses, emergency medical technicians, paramedics, physicians, road and air ambulance. Computer access to health records and test results through a province-wide information network helps health professionals assess your needs quickly and obtain appropriate care.
- Home care is accessible any time of day or night. People enjoy the warmth of home nursing, the convenience of home treatments, and the comfort of their own surroundings. Home services help you do what you can't do for yourself, so you can stay vital and active in your community for as long as possible.
- Supervised living and other housing options are available for people who need support with daily living, and can be combined with home care services. Nursing homes are for people whose health needs cannot be met in the community, or for whom institutional care is the best option.
- Illness and injury prevention are keeping people healthier. There are effective programs for people quitting smoking or making lifestyle changes to improve health, and safety audits for homes and farms. The community considers the health impacts of decisions. Housing, education, labour, environment and recreation activities are all part of health planning.
- Health services are delivered with the whole person in mind. The team approach brings therapists, nurses, educators, professionals and volunteers together to manage or improve your individual situation.
- Public spending on health services is a sound investment. Clinical practice research provides a solid basis for treatment decisions, and management practices are continually improved to get the greatest value from our health dollars.

Appendices

Appendix 1. Saskatchewan Health Organizational Chart



as of March 31, 1997

Appendix 2. A Brief History of Health Renewal

- February 1992 — Minister consults with major stakeholders about the wellness approach and health reform in Saskatchewan.
  Establishment of Regina and Saskatoon Health Boards.
- August 1992 — Minister releases a white paper A Saskatchewan Vision for Health: A Framework for Change.
- March 1993 — Introduction in the Legislature of The Health Districts Act and release of a users' guide to the Act.
- May 1993 — Passage of The Health Districts Act by the Legislature.
- July 1993 — Start-up of the Saskatchewan Association of Health Organizations (SAHO).
  Publication of A Guide to Core Services for Saskatchewan Health Districts.
- August 1993 — Establishment of 24 health districts and boards, for a total of 30 districts covering all areas of the southern portion of the province.
- December 1993 — First meeting of all district chairpersons and CEOs with the Minister and department staff to discuss issues.
- March 1994 — Announcement of $10 million "New Rural Initiatives Fund" to advance health reform in rural districts in home-based services, emergency services and health promotion.
- May 1994 — Passage of a new Public Health Act.
- December 1994 — Establishment of an expanded First Responders Program.
- April 1995 — Transfer of most department-delivered community-based programs to district health boards, including more than 1,400 staff.
- May 1995 — Agreement signed between Saskatchewan Health, the Saskatchewan Medical Association, SAHO outlining a framework for future physician involvement in the health system.
- October 1995 — First elections of district health board members. Residents elected eight members to each board through ward-based election process.
- April 1996 — Transfer of Calder Centre and Saskatchewan Hearing Aid Program to respective district health boards.
- August 1996 — Government announcement of $40 million in additional funding for district boards to slow the pace of institutional reform and to allow for accelerated development of community-based services.
- September 1996 — Announcement of Government's approval to proceed with the initial development stages of the Saskatchewan Health Information Network (SHIN).
- December 1996 — Formation of two health districts in Northern Saskatchewan, completing the district structure for the entire province.

Appendix 3. Summary of Legislation

The Ambulance Act

The Cancer Foundation Act

The Change of Name Act, 1995/Loi de 1995 sur le changement de nom

The Chiropody Profession Act

The Chiropractic Act, 1994

The Dental Care Act

The Dental Profession Act, 1978

The Dental Technicians Act

The Dental Therapists Act

The Denturists Act

The Department of Health Act

The Emergency Medical Aid Act

The Health Districts Act

The Health Facilities Licensing Act (not yet proclaimed)

The Health Services Utilization and Research Commission Act

The Hearing Aid Act

The Home Care Act

The Hospital Standards Act

The Housing and Special-care Homes Act

The Human Tissue Gift Act

The Licensed Practical Nurses Act

The Lloydminster Hospital Act, 1948

The Medical and Hospitalization Tax Repeal Act

The Medical Care Insurance Supplementary Provisions Act

The Medical Laboratory Licensing Act, 1994

The Medical Laboratory Technologists Act

The Medical Profession Act, 1981

The Medical Radiation Technologists Act

The Mental Health Services Act

The Mutual Medical and Hospital Benefit Associations Act

The Naturopathy Act

The Occupational Therapists Act

The Ophthalmic Dispensers Act

The Optometry Act, 1985

The Osteopathic Practice Act

The Personal Care Homes Act

The Pharmacy Act

The Pharmacy Act, 1996 (not yet proclaimed)

The Physical Therapists Act, 1984

The Prescription Drugs Act

The Professional Dietitians Act

The Public Health Act (ss. 85-88)

The Public Health Act, 1994

The Registered Nurses Act, 1988

The Registered Psychiatric Nurses Act

The Registered Psychologists Act

The Saskatchewan Hospitalization Act

The Saskatchewan Medical Care Insurance Act

The Speech-Language Pathologists and Audiologists Act

The Vital Statistics Act

The Vital Statistics Act, 1995/Loi de 1995 sur les services de l'état civil (not yet proclaimed)

The White Cane Act

Appendix 4. Legislation and Regulation Amendments

Summary of Legislation

Eight bills were passed during the 1996 spring session of the Legislative Assembly:

The Cancer Foundation Amendment Act, 1997

The amendment removes the requirement that the Cancer Foundation pay for physician services where the payment is to fee-for-service physicians and can be made pursuant to *The Saskatchewan Medical Care Insurance Act*. The amendment enables the Department's Medical Services and Health Registration Branch to pay physicians for cancer related billings without invoicing the Cancer Foundation.

The Dental Disciplines Act

This omnibus statute will regulate dentists, dental hygienists, dental therapists, dental assistants, denturists and dental technicians.

A result of this new statute is that the following statutes will be repealed:
The Dental Profession Act;
The Dental Technicians Act;
The Dental Therapists Act; and
The Denturists Act.

The Department of Health Amendment Act, 1997

A new section added to the Act gives the Minister the power to issue health cards to beneficiaries. The amendment also provides that beneficiaries are not to use health cards for fraudulent purposes.

The power to pay for the provision of health services outside Saskatchewan on behalf of beneficiaries, and the ability to enter into agreements with other provinces or territories to pay for health services was transferred from *The Saskatchewan Hospitalization Act* to this statute.

The Health Districts Amendment Act, 1997

Two amendments were made to the Act:

To allow district health boards to establish rates for remuneration and reimbursement for expenses for district health board members that are lower than the maximum established by the Lieutenant Governor in Council; and

To exempt the property of district health boards, community clinics and affiliates from local property taxation.

The Miscellaneous Statutes Consequential Amendments Act, 1997

As a consequence of repealing The Saskatchewan Hospitalization Act, and amendment to *The Vital Statistics Act*, 1995 was required.

The Miscellaneous Statutes Repeal (Regulatory Reform) Act, 1997

In keeping with the government's direction on regulatory reform, a number of redundant statutes will be repealed:

The Home Care Act;

The Hospital Revenue Act;

The Medical Care Insurance Supplementary Provisions Act;

The Medical Scholarships and Bursaries Act; and

The Saskatchewan Hospitalization Act.

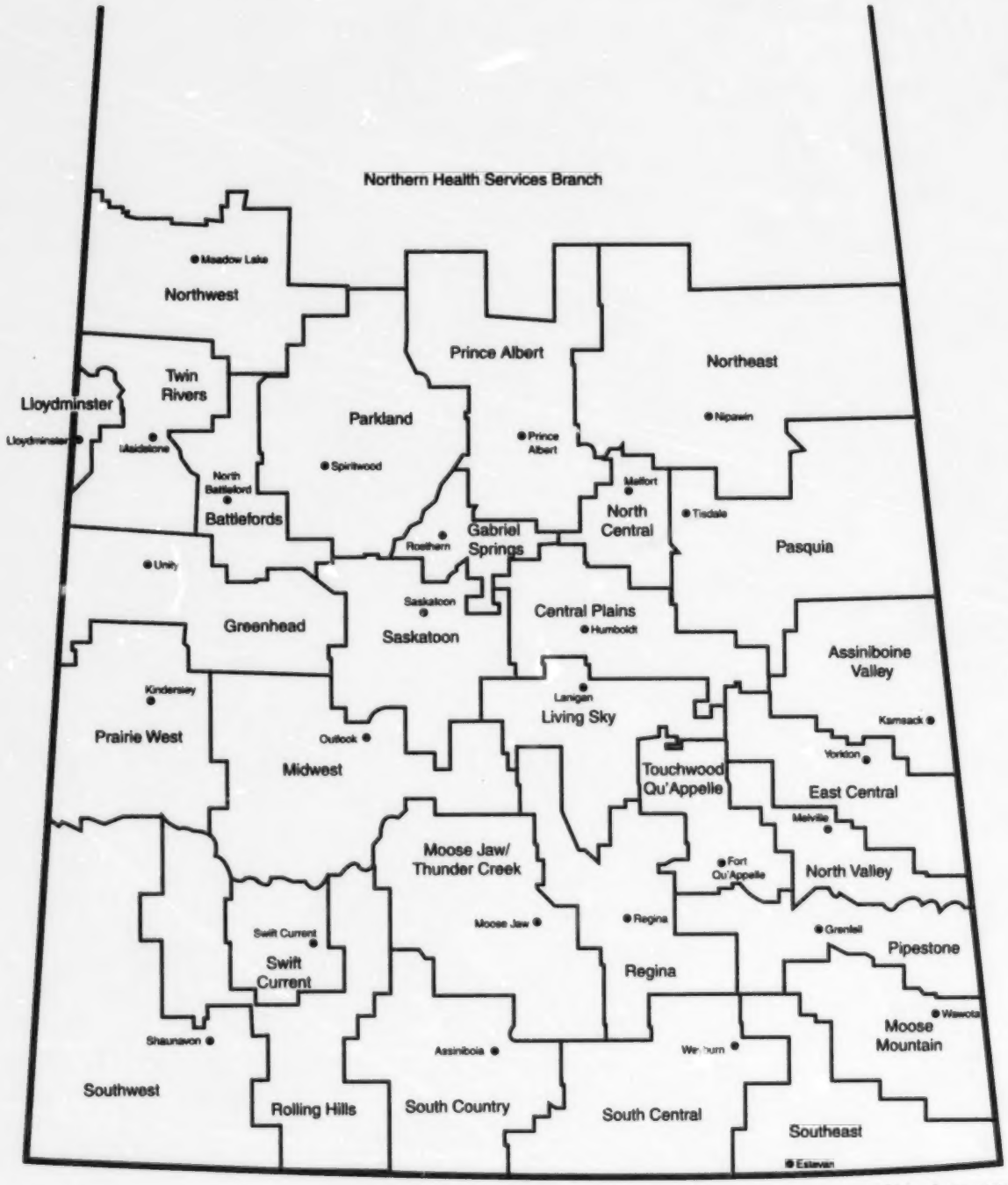
The Occupational Therapists Act, 1997

This statute replaces *The Registered Occupational Therapists Act*. It regulates occupational therapists better and allows the public direct access to the services of occupational therapists.

The Psychologists Act, 1997 and The Psychologists Amendment Act, 1997

A new statute was passed to better regulate psychologists and make psychologists more accountable to the public. The amendment implemented a compromise on title between psychologists holding a Ph.D. and those with a Master level degree.

Saskatchewan Health Districts



as of March 31, 1997

Saskatchewan Health Directory of Services

Alcohol and Drug Services	(306) 787-4686
Birth, Marriage and Death Certificates and Changes of Name (Vital Statistics)	
Saskatchewan Residents	1-800-458-1179
Regina (local)	(306) 787-3092
Communicable Diseases	(306) 787-1460
Drug Plan	
Saskatchewan residents	1-800-667-7581
Regina (local)	(306) 787-3317
Health Promotion	(306) 787-3084
The Saskatchewan Health Resource Centre	
Saskatchewan residents	1-800-667-7766
Regina (local)	(306) 787-3090
Health Services Card Registration and Information	
Saskatchewan residents	1-800-667-7551
Regina (local)	(306) 787-3251
Saskatoon (local)	(306) 933-6275
Hospital and Emergency Services	(306) 787-3204
Long Term Care	(306) 787-5020
Mental Health	(306) 787-3236
Out-of-Province Health Services	
Saskatchewan residents	1-800-667-7523
Regina (local)	(306) 787-3437
Problem Gambling Services Information	(306) 787-4626
Provincial Laboratory	(306) 787-3131
Saskatchewan Aids to Independent Living (SAIL)	(306) 787-7121
Supplementary Health Program	
(benefits for people recommended by Saskatchewan Social Services)	
Saskatchewan residents	1-800-266-0695
Regina (local)	(306) 787-3124

For up-to-date information on Saskatchewan Health programs and services, visit our Website at: www.gov.sk.ca/health/